

**KENTUCKY DEPARTMENT OF EDUCATION
NUTRITION AND HEALTH SERVICES**

FINANCIAL MANAGEMENT SYSTEM
(“D” Packet)

**RESIDENTIAL CHILD CARE INSTITUTIONS
(RCCI’S)**

THE ATTACHED FORMS ARE OPTIONAL
NOT THE INFORMATION

REPORT AND CLAIM FOR REIMBURSEMENT

Nutrition and Health Services
Kentucky Department of Education
2545 Lawrenceburg Road, Frankfort, KY 40601

SECTION 1	Claim Period Covered (1) Record SFA/Agency Name/Address Below: Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Membership Lunch and/or Milk (2) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Average Daily Attendance Lunch and/or Milk (3) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Number of Days Lunch/Milk Served (4) <input type="text"/> <input type="text"/>	ADP Lunch (5) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Membership Breakfast (6) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Average Daily Attendance Breakfast (7) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Number of Days Breakfast Served (8) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ADP Breakfast (9) Regular <input type="text"/> <input type="text"/> <input type="text"/> Needy <input type="text"/> <input type="text"/> <input type="text"/>	Number of Days Snack Served (10) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
			Opening Bank Balance (Reconciled) (11) \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bank Deposits (12) \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Income Due (13) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	All Expenditures (14) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Unpaid Bills (15) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Computed Cash Position (16) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Closing Bank Balance (Reconciled) (17) \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
			Misc/Ala Carte Sales (18) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Value of Inventory on Hand (19) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Approved FREE Applications (20) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Approved REDUCED PRICE Application (21) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
SECTION 2	NATIONAL SCHOOL LUNCH PROGRAM (NSLP)		SCHOOL BREAKFAST PROGRAM (SBP)			SPECIAL MILK PROGRAM (SMP)		AFTER SCHOOL SNACK PROGRAM					
	Number Served Rate Reimbursement		Number Served Rate Reimbursement			Number Served Rate Reimbursement		Number Served Rate Reimbursement					
	1. REIMBURSEMENT		Reimbursement			Reimbursement		Reduced <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
	a. Reduced Price <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Reduced <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Free <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Free <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
	b. Free <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Free <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Paid <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Paid <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
c. Paid <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Paid <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Free <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Free <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
d. Total Served to Students <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Paid <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Paid <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Paid <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
# of Schools <input type="text"/> <input type="text"/> <input type="text"/>		# of Schools <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			# of Schools <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		# of Schools <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
2. TOTAL OF COLUMN \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		NEEDY BREAKFAST ONLY			TOTAL OF COLUMN \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		AREA ELIGIBLE SNACKS						
		Reduced <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					Reduced <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
		Free <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					Free <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
		Paid <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ¢ \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					Paid <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
		# of Schools <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					# of Schools <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
		TOTAL OF COLUMN \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					TOTAL OF COLUMN \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
							TOTAL REIMBURSEMENT \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
SECTION 3	LUNCH		BREAKFAST		AFTER SCHOOL SNACK		SPECIAL MILK		MISC/ALA CARTE		TOTAL		
	1. CASH FROM DAILY SALES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	2. FEDERAL REIMBURSEMENT RECEIVED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
SECTION 4	3. OTHER INCOME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	1. COST OF FOOD USED: a. Purchased b. USDA Commodity		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	2. COST OF DIRECT LABOR		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	3. EQUIPMENT DEPRECIATION		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	4. OTHER DIRECT COST		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
5. INDIRECT COST		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
6. VALUE OF DONATIONS		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
I certify that the information on this voucher is true and correct to the best of my knowledge; that records are available to support this claim; and that it is in accordance with the terms of existing agreement and that payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.					Signature of SFA Representative:			Title:		Date		Telephone Number:	

SECTION 1	Claim Period Covered (1) Record SFA/Agency Name/Address Below: Month Year □□ □□	Membership Lunch and/or Milk (2) □□□□□□ Opening Bank Balance (Reconciled)	Average Daily Attendance Lunch and/or Milk (3) □□□□□□ Bank Deposits	Number of Days Lunch/Milk Served (4) □□ Income Due	ADP Lunch (5) _____ All Expenditures	Membership Breakfast (6) □□□□□□ Unpaid Bills	Average Daily Attendance Breakfast (7) □□□□□□ Computed Cash Position	Number of Days Breakfast Served (8) □□ Closing Bank Balance (Reconciled)	ADP Breakfast (9) Regular Needy _____ _____	Number of Days Snack Served (10) □□
	<div>* Include any monies due the program including this month's reimbursement</div>									
	(11)		(12)		(13)		(14)		(15)	
	(16)		(17)		(18)		(19)		(20)	
	(21)		(22)		(23)		(24)		(25)	

SECTION 2	<div>NATIONAL SCHOOL LUNCH PROGRAM (NSLP)</div> <div>1. REIMBURSEMENT</div> <div>Number Served Rate Reimbursement</div> <div>a. Reduced Price □□□□□□ _____¢ \$ _____</div> <div>b. Free □□□□□□ _____¢ \$ _____</div> <div>c. Paid □□□□□□ _____¢ \$ _____</div> <div>d. Total Served to Students □□□□□□</div> <div># of Schools □□□</div> <div>*number of schools on lunch</div> <div>* RATES CHANGE EVERY JULY</div> <div>2. TOTAL OF COLUMN \$ _____</div>	<div>SCHOOL BREAKFAST PROGRAM (SBP)</div> <div>Number Served Rate Reimbursement</div> <div>Reduce □□□□□□ _____¢ \$ _____</div> <div>Free □□□□□□ _____¢ \$ _____</div> <div>Paid □□□□□□ _____¢ \$ _____</div> <div># of Schools (*All Schools) * Does it match D3-C (K) ?</div> <div>NEEDY BREAKFAST ONLY</div> <div>Reduced □□□□□□ _____¢ \$ _____</div> <div>Free □□□□□□ _____¢ \$ _____</div> <div>Paid □□□□□□ _____¢ \$ _____</div> <div># of Schools * Does it match D3-C (K) ?</div> <div>TOTAL OF COLUMN \$ _____</div>	<div>SPECIAL MILK PROGRAM (SMP)</div> <div>Number Served Rate Reimbursement</div> <div>*Average Bid</div> <div>Free □□□□□□ □□□□ \$ _____</div> <div>Paid □□□□□□ _____¢ \$ _____</div> <div># of Schools * Does it match D4-C (G) ?</div> <div>*Number of Schools Milk</div> <div>* SPLIT SESSION KINDERGARTEN MILK ONLY</div> <div>TOTAL OF COLUMN \$ _____</div>	<div>AFTER SCHOOL SNACK PROGRAM</div> <div>Number Served Rate Reimbursement</div> <div>Reduced □□□□□□ _____¢ \$ _____</div> <div>Free □□□□□□ _____¢ \$ _____</div> <div>Paid □□□□□□ _____¢ \$ _____</div> <div># of Schools</div> <div>AREA ELIGIBLE SNACKS</div> <div>Reduced □□□□□□</div> <div>Free □□□□□□</div> <div>Paid □□□□□□</div> <div># of Schools</div> <div>TOTAL OF COLUMN \$ _____</div> <div>TOTAL REIMBURSEMENT \$ _____</div>
-----------	--	---	---	--

SECTION 3	<div>LUNCH</div> <div>1. CASH FROM DAILY SALES □□□□□□</div> <div>2. FEDERAL REIMBURSEMENT RECEIVED □□□□□□</div> <div>3. OTHER INCOME □□□□□□</div>	<div>BREAKFAST</div> <div>□□□□□□</div>	<div>AFTER SCHOOL SNACK</div> <div>□□□□□□</div>	<div>SPECIAL MILK</div> <div>□□□□□□</div>	<div>MISC/ALA CARTE</div> <div>□□□□□□</div>	<div>TOTAL</div> <div>□□□□□□</div> <div>* The total for these three should equal in Section I.</div>
-----------	--	--	---	---	---	--

SECTION 4	<div>1. COST OF FOOD USED: a. Purchased Sec. II * Information from D-9 or Alternate D-9 Sec. III</div> <div>b. USDA Commodity</div> <div>2. COST OF DIRECT LABOR Sect. IV</div> <div>3. EQUIPMENT DEPRECIATION D-9</div> <div>4. OTHER DIRECT COST</div> <div>5. INDIRECT COST</div> <div>6. VALUE OF DONATIONS</div>	<div>Sect. II</div> <div>Sect. III</div> <div>Sect. IV</div> <div>□□□□□□</div>	<div>□□□□□□</div>	<div>□□□□□□</div>	<div>* Line 3</div> <div>□□□□□□</div>	<div>□□□□□□</div>
-----------	---	--	-------------------	-------------------	---------------------------------------	-------------------

REPORT AND CLAIM FOR REIMBURSEMENT

Nutrition and Health Services
Kentucky Department of Education
2545 Lawrenceburg Road Frankfort, KY 40601

SECTION 1	Claim Period Covered (1) Record SFA/Agency Name/Address Below: Month Year <div></div> <div></div>			Membership Lunch and/or Milk (2) <div></div>	Average Daily Attendance Lunch and/or Milk (3) <div></div>	Number of Days Lunch/Milk Served (4) <div></div>	ADP Lunch (5) _____	Membership Breakfast (6) <div></div>	Average Daily Attendance Breakfast (7) <div></div>	Number of Days Breakfast Served (8) <div></div>	ADP Breakfast (9) Regular Needy	Number of Days Snack Served (10) <div></div>														
				Opening Bank Balance (Reconciled) (11) \$ _____	Bank Deposits (12) \$ _____	Income Due (13) <div></div>	All Expenditures (14) <div></div>	Unpaid Bills (15) <div></div>	Computed Cash Position (16) <div></div>	Closing Bank Balance (Reconciled) (17) \$ _____																
	Reason for Correction: _____			Misc/Ala Carte Sales (18) <div></div>	Value of Inventory on Hand (19) <div></div>	Approved FREE Applications (20) <div></div>	Approved REDUCED PRICE Application (21) <div></div>																			
SECTION 2	NATIONAL SCHOOL LUNCH PROGRAM (NSLP)			SCHOOL BREAKFAST PROGRAM (SBP)			SPECIAL MILK PROGRAM (SMP)			AFTER SCHOOL SNACK PROGRAM																
	Number Served Rate Reimbursement			Number Served Rate Reimbursement			Number Served Rate Reimbursement			Number Served Rate Reimbursement																
	1. REIMBURSEMENT			Reduced <div></div> ¢ \$ _____			Free <div></div> ¢ \$ _____			Paid <div></div> ¢ \$ _____			Reduced <div></div> ¢ \$ _____													
	a. Reduced Price <div></div> ¢ \$ _____			Free <div></div> ¢ \$ _____			Paid <div></div> ¢ \$ _____			Paid <div></div> ¢ \$ _____			Free <div></div> ¢ \$ _____													
SECTION 3	c. Paid <div></div> ¢ \$ _____			Paid <div></div> ¢ \$ _____			Free <div></div> ¢ \$ _____			Paid <div></div> ¢ \$ _____			Paid <div></div> ¢ \$ _____													
	d. Total Served to Students <div></div>			# of Schools <div></div>			# of Schools <div></div>			# of Schools <div></div>			# of Schools <div></div>													
	# of Schools <div></div>			NEEDY BREAKFAST ONLY						AREA ELIGIBLE SNACKS																
				Reduced <div></div> ¢ \$ _____						Reduced <div></div> ¢ \$ _____																
SECTION 4	CORRECTED COPY			Free <div></div> ¢ \$ _____			Paid <div></div> ¢ \$ _____			Free <div></div> ¢ \$ _____																
	2. TOTAL OF COLUMN \$ _____			Paid <div></div> ¢ \$ _____			Free <div></div> ¢ \$ _____			Paid <div></div> ¢ \$ _____																
				# of Schools <div></div>			# of Schools <div></div>			# of Schools <div></div>																
				TOTAL OF COLUMN \$ _____			TOTAL OF COLUMN \$ _____			TOTAL OF COLUMN \$ _____																
SECTION 5	LUNCH			BREAKFAST			AFTER SCHOOL SNACK			SPECIAL MILK			MISC/ALA CARTE			TOTAL										
	1. CASH FROM DAILY SALES <div></div>			<div></div>			<div></div>			<div></div>			<div></div>			<div></div>										
	2. FEDERAL REIMBURSEMENT RECEIVED <div></div>			<div></div>			<div></div>			<div></div>			<div></div>			<div></div>										
	3. OTHER INCOME <div></div>			<div></div>			<div></div>			<div></div>			<div></div>			<div></div>										
SECTION 6	1. COST OF FOOD USED: a. Purchased <div></div>			<div></div>			<div></div>			<div></div>			<div></div>			<div></div>										
	b. USDA Commodity <div></div>			<div></div>			<div></div>			<div></div>			<div></div>			<div></div>										
	2. COST OF DIRECT LABOR <div></div>			<div></div>			<div></div>			<div></div>			<div></div>			<div></div>										
	3. EQUIPMENT DEPRECIATION <div></div>			<div></div>			<div></div>			<div></div>			<div></div>			<div></div>										
SECTION 7	4. OTHER DIRECT COST <div></div>			<div></div>			<div></div>			<div></div>			<div></div>			<div></div>										
	5. INDIRECT COST <div></div>			<div></div>			<div></div>			<div></div>			<div></div>			<div></div>										
	6. VALUE OF DONATIONS <div></div>			<div></div>			<div></div>			<div></div>			<div></div>			<div></div>										
				<div></div>			<div></div>			<div></div>			<div></div>			<div></div>										
I certify that the information on this voucher is true and correct to the best of my knowledge; that records are available to support this claim; and that it is in accordance with the terms of existing agreement and that payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.															Signature of SFA Representative:			Title:			Date:			Telephone Number:		

NUTRITION AND HEALTH SERVICES
KY DEPARTMENT OF EDUCATION
PARTICIPATION
(By Actual Count)

SCHOOL_____MONTH_____YEAR_____

	FREE BREAKFAST SERVED			FREE LUNCHESES SERVED			FREE SUPPERS SERVED			TOTAL SNACKS
Date	Child*	Adult	Total	Child*	Adult	Total	Child	Adult	Total	Each Day
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Totals										

* Only these meals are reimbursable under the School Food Service Program.

Adult Breakfast	_____	X	.5	=	_____
Adult Lunch	_____	X	1	=	_____
Child & Adult Suppers	_____	X	1	=	_____
Child & Adult Snacks	_____	X	.25	=	_____

Total A La Carte
(Item 18 on Claim Form – (D-2) & Section I on D-9)

SCN – D-3-B

Lunch & Breakfast Participation

Form SCN-D3-B may be used to report the number of free breakfasts and lunches and all non-reimbursable meals. **Use this form only if all students are free.**

Enter the month and year at the top of the page.

In Column 1, enter the date of meal service.

Enter the number of free breakfasts served to children.

Enter the number of adult breakfasts served.

Enter the total number of breakfasts served.

Enter the number of free lunches served to students.

Enter the number of adult lunches served.

Enter the total number of lunches served.

Enter the number of suppers served to students.

Enter the number of suppers served to adults.

Enter the number of total supper meals served.

Enter total meals served each day.

At the bottom of the form:

Enter total adult breakfasts, lunches and suppers served for a total miscellaneous a-la-carte.

Enter number of reimbursable lunches and breakfasts for one month.

KENTUCKY DEPARTMENT OF EDUCATION
NUTRITION AND HEALTH SERVICES

OTHER MONTHLY INCOME TO BE ALLOCATED

SCHOOL OR SCHOOL FOOD AUTHORITY

MONTH

YEAR

SECTION I

PROGRAM ALLOCATION

TYPE OF OTHER INCOME TO ALLOCATE TO ALL PROGRAMS

		LUNCH	BREAKFAST	ALA CARTE	TOTAL
		%	%	%	= 100%
I-A		I-B	I-C	I-D	I-E
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
TYPE OF INCOME TO ALLOCATE TO SPECIFIC PROGRAMS					
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$
TOTAL OF 1 THROUGH 6	\$	\$	\$	\$	\$

SCN D-4-B
OTHER MONTHLY INCOME TO BE ALLOCATED

Column 1-A, Lines 1, 2, and 3.	Enter income(s) that should be allocated among all programs, such as loans, transfer of funds, interest, state matching funds, etc.
Column 1-A, Lines 4, 5, and 6.	Enter income(s) that should be allocated only to specific programs, such as special functions (misc./ala carte) and rebates (lunch).
Column 1-B, Lines 1, 2, and 3.	Enter allocation percent from SCN-D9, Section II, Column II-G, Line (1), and multiply times totals in Column II-A, Lines 1, 2, and 3 on this form.
Column 1-B, Lines 4, 5, and 6.	Enter only income which should be allocated to the lunch program.
Column 1-B, Total	Add Column 1-B and enter. This total is transferred to SCN-D2, Claim for Reimbursement, Section III, Line 3, Column (D).
Column 1-C, Lines 1, 2, and 3.	Enter Allocation percent from SCN-D9, Section II, Column II-G, Line (2), and multiply times totals in Column II-A, Lines 1, 2, and 3 on this form.
Column 1-C, Lines 4, 5, and 6.	Enter only income which should be allocated to the breakfast program.
Column 1-C, Total	Add Column 1-C, and enter. This total is transferred to SCN-D2, Claim for Reimbursement, Section II, Line 3, Column (H).
Column 1-D, Lines 1, 2, and 3.	Enter Allocation percent from SCN-D9, Section II, Column II-G, Line (3), and multiply times totals in Column II-A, Lines 1, 2, and 3 on this form.
Column 1-D, Lines 4, 5, and 6.	Enter income which should be allocated only to miscellaneous/ala carte.
Column 1-D, Total	Add Column 1-D and enter. This total is transferred to SCN-D2, Claim for Reimbursement, Section III, Line 2, Column (M).
Column 1-E	Totals should equal totals in Column I-A.

*It is recommended tat a separate deposit
slip be made for these items:
this assures a clear audit trail.

		PROGRAM ALLOCATION			
		LUNCH	BREAKFAST	A LA CARTE	TOTAL
		%	%	%	= 100%
		I-B	I-C	I-D	I-E
1. Loans	\$ 1,000.00	\$ 800.00	\$ 100.00	\$ 100.00	\$ 1,000.00
2. Interest	\$ 500.00	\$ 400.00	\$ 50.00	\$ 50.00	\$ 500.00
3. State Matching	\$ 500.00	\$ 400.00	\$ 50.00	\$ 50.00	\$ 500.00
TYPE OF INCOME TO ALLOCATE TO SPECIFIC PROGRAMS					
4. Rebates	\$ 1,000.00	\$ 1,000.00	\$ 0	\$ 0	\$ 1,000.00
5. Special Functions	\$ 25.00	\$ 0	\$ 0	\$ 25.00	\$ 25.00
6.		\$	\$	\$	\$
TOTAL OF 1 THROUGH 6	\$ 3,025.00	2,600.00	\$ 200.00	\$ 225.00	\$ 3,025.00

**NUTRITION AND HEALTH SERVICES
KY DEPARTMENT OF EDUCATION**

DAILY GOODS AND SERVICES RECEIVED AND OTHER DIRECT COST

SCHOOL OR SCHOOL FOOD AUTHORITY

MONTH

YEAR

PAGE

OF

<u>D</u> <u>A</u> <u>T</u> <u>E</u>	DESCRIPTION (VENDOR, INVOICE #, ETC)	PURCHASED FOOD & MILK	EXPENDABLE EQUIPMENT (Value Under \$300) & EXPENDABLE SUPPLIES	PURCHASED SERVICES (Garbage, Linen Svc., Pest Control, Etc.)	DISTRIBUTION OF PURCHASED FOOD COMMODITIES & SUPPLIES	EMPLOYEE FRINGE BENEFITS (Matching Retirement & FICA, Insurance, Etc.)	UTILITIES (If Paid From Food Service Account)	MISCELLANEOUS COSTS	VALUE OF USDA COMMODITIES RECEIVED	DONATED GOODS AND SERVICES
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
										Non-Expendable
										Equipment
TOTALS		\$	\$	\$	\$	\$	\$	\$	\$	\$
		I-A TOTAL OTHER DIRECT COST				ADD COLUMNS (D) through (I)			\$	

SCN D-5
DAILY GOODS AND SERVICES RECEIVED AND OTHER DIRECT COST

NOTE: Drop cents from this form!

The purpose of this form is to record daily goods and services received and other direct costs. Data recorded is transferred to **SCN-D6** (Purchased Food and Milk Inventory), **SCN-D7** (USDA Commodity Perpetual Inventory) and **SCN-D9** (Monthly Allocation of Food, Milk and Other Costs).

- A. Enter the date of transaction.
- B. List the vendor's name and invoice number.
- C. Record the cost of any purchased food and milk received. Transfer the total to **SCN-D6, Column (L)**.
- D. Record the cost of any equipment valued under \$300 and any supplies, such as paper or cleaning supplies, etc., that are paid directly from the food service account.
- E. Record the cost of any purchased service, such as garbage removal, linen service, pest control, repairs to equipment or any other services that are paid directly from the food service account.
- F. Record the cost of delivering commodities, purchased food and supplies that are paid directly from the food service account.
- G. Record separately the matching retirement and matching FICA, insurance, etc., if paid directly from the food service account.
NOTE: Transfer this figure to **SCN-D9** (bottom of page where you see the *)
- H. Utilities, if paid directly from the food service account, are to be recorded here as a cost. Do not report utilities paid for by the Board of education, as these are included in the indirect cost rate calculation.
- I. Record any miscellaneous cost paid directly from the food service account. Example: travel expenses, postage, and outside printing.
- J. Record the value of the commodities received. Transfer the total to the **SCN-D7, Column (I)**.
- K. Report the value of any donated goods and services. Transfer the total to **SCN-D9, Section IV-A, Line (7)**.

PURCHASED FOOD & MILK INVENTORY

(D) A. Total from Column D + H \$ _____
 (J) Value of Ending Inventory \$ _____

CALCULATION TO ARRIVE AT VALUE OF FOOD AND MILK USED										
BEGINNING INVENTORY	+	PURCHASED FOOD & MILK RECEIVED	=	VALUE OF FOOD AVAILABLE	-	ENDING INVENTORY	+ or -	ADJUSTMENTS TO INVENTORY	=	VALUE OF FOOD USED
(K)	+	(L)	=	(M)	-	(N)	+ or -	(O)	=	(P)
\$	+	\$	=	\$	-	\$	+ or -	\$	=	\$

Note: Drop Cents from this form

SCN D-6
PURCHASED FOOD & MILK INVENTORY

The purpose of the Purchased Food and Milk Inventory is to provide data to be used on Form SCN-D9 (Allocation of Food and Other Cost).

- A.** List individual items of milk and food. Items at different prices should be listed separately.
- B.** List the number of individual units per item. This is the smallest unit inventoried: whether case, can or lbs., etc.
- C.** List the unit cost per item.
- D.** Arrive at the total cost by multiplying Column B (Total Units) times Column C (Cost Per Unit) and enter the result in Column D. The total of this column is transferred to Line (I).
- E, F, & G.** Follow instructions A through C.
- A.** Total this column.
- B.** Transfer the total from Column D to this line.
- C.** Add the total of Items (H) and (I) above to arrive at ending inventory.
- D.** Transfer the Beginning Inventory from the top of the page (the previous month's ending inventory).
- E.** Transfer the amount of Purchased Food and Milk Received from SCN-D5 (Daily Goods and Services Received and Other Direct Cost) Column C total.
- F.** Add Beginning Inventory (K) and Purchased Food and Milk Received (L).
- G.** Transfer the total from Line (J).
- H.** This line is provided to reflect any increase or decrease in the inventory. For example, the value of any loss of food by theft or spoilage will be shown as a decrease (-). Transferring food from one school to another will also be reflected here.
- I.** Determine the value of food used by performing the calculations indicated in Columns (K) through (O). Transfer this value to SCN-D9 (Allocation of Food and Other Cost) Section II-H, Lines (1), (2) and (3).

SCN-D8

NON-EXPENDABLE EQUIPMENT DEPRECIATION SCHEDULE
(Equipment Costing Over \$1000)

NOTE: Drop Cents from this Form

Check each year to see if something should be deleted.

This document has a two-fold purpose:

- A. To provide a list of all school food service equipment and it’s depreciable values.
- B. To provide data for the SCN-D9 (Monthly Allocation of Food and Other Costs).

Directions:

- a. Enter name of equipment.
- b. Enter serial number, size or capacity of equipment.
- c. Enter energy source of equipment.
- d. Enter month equipment was put in service.
- e. Enter year equipment was put in service.
- f. Enter original purchase price or adjusted depreciable value of food service equipment.
- g. Enter original purchase price or adjusted depreciable value of vehicles, computers, cash registers, etc.
- h. Enter month of pre-established life termination date. All food service equipment has a 12-year depreciation cycle. All vehicles, computers, cash registers, typewrites, etc., have a 5-year cycle and the .0166 depreciation factor must be used.
- i. Enter year of pre-established life termination date.
- j. Check reason food service equipment is deleted from schedule.
- k. Check reason food service equipment is deleted from schedule.
- l. Check reason food service equipment is deleted from schedule.
- m. Enter month that equipment was deleted.
- n. Enter year that equipment was deleted.

The bottom of the worksheet is a schedule that, when completed, will represent monthly depreciation to be claimed.

The total of Column **F** and **G** should be multiplied by the appropriated depreciation factor to establish the depreciable value for each category.

Monthly depreciation to be claimed is arrived at by adding totals of Columns **F** and **G** and is then transferred to SCN-D9, Section **IV-A**, Line **2**.

SCN D-9
NUTRITION AND HEALTH SERVICES
KY DEPARTMENT OF EDUCATION

ALLOCATION OF MONTHLY FOOD, MILK & OTHER COSTS
[Must be Used by ALL RCCI's (Residential Homes)]

Directions:

- A. Enter participation by category.
- B. Factors are provided by assuming the cost of lunch is two times breakfast and equal to supper.
- C. Multiply B times A and enter in C. Add Column C. Enter total Column C in D.
- D. Divide D into each line in Column. C. Enter in Column E. Use percentages in E to allocate all costs in Section I.

SECTION I - MEALS FACTOR ALLOCATION

	A.	B.	C.	D. Total from Column C	E.	
Student Lunches	X	1	÷	=		% NSLP
Student Breakfasts	X	.5	÷	=		% SBP
Student Suppers (and all Adult Meals) From Item 18 on SCN-D2 Claim Form	X	1	÷	=		% Misc. A La Carte
TOTALS	X				100%	
			Enter in each slot unde Column D			

SECTION II – ALLOCATION OF COST TO PROGRAM

	NSLP	SBP	MISC. A LA CARTE	TOTAL 100%
1. Purchased Food Used				
2. Commodity Food Used				
3. Direct Labor				
4. Equipment Depreciation				
5. Other Direct Cost				
6. * Indirect Cost Base				
7. Indirect Cost Rate	X .10			
8. Indirect Cost				
9. Donated Goods				
\$	DIRECT LABOR	+	\$	EMPLOYEE FRINGE BENEFITS = * \$

To arrive at Indirect Cost Base, add Direct Labor plus Employee Fringe Benefits which then equals Indirect Cost Base.

SCN D-9

ALLOCATION OF MONTHLY FOOD, MILK & OTHER COSTS {Must Be Used by ALL RCCI's}

The Department of Education does not calculate an indirect cost rate for private schools (homes). In the State, therefore, you must use a 10% rate in calculating this element of cost each month.

A. Allocation of Cost for Residential Child Care Institutions.

Several years ago, the State Agency revised its financial management system to reflect changes in the Federal regulations. Part of this revision was a simplified approach for the allocation of cost in RCCI's. For your convenience, we are restating this revision.

Assume the cost of lunch is two times the cost of breakfast and equal to the cost of supper. The resulting percentages obtained each month by using the **SCN-D9** MUST be used to allocate all costs (including purchased food, commodities, direct labor, equipment depreciation, other direct costs and indirect costs) to the various programs. This method is illustrated below.

To facilitate your completion of the monthly claim form, we are attaching a blank **SCN D-9** form which you may duplicate along with all the other **D** forms in this packet.

- A. Enter participation by category.
- B. Factors are provide by assuming the cost of lunch is two times breakfast and equal to supper.
- C. Multiply **B** times **A** and enter in **C**. Add **Column C**. Enter total **Column C** in **D**.
- D. Divide **D** into each line in **Column C**. Enter in **Column E**. Use percentages in **E** to allocate all costs in **Section II**.

**NUTRITION AND HEALTH SERVICES
KENTUCKY DEPARTMENT OF EDUCATION**

REQUIRED RCCI DAILY CRE EDIT WORKSHEET LUNCH MEAL COUNT

1. School/Facility:

- (Part 210.8 (a) (2) At a minimum, the SFA shall compare each school's daily counts of free lunches against the number of children in that school currently eligible for free lunches.**

- ### 3. Total Membership

4. Attendance:

5 Date	6 Free Meals Claimed	7 Free Eligible	8 Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

CORRECTIVE ACTION (if needed):